Planning for ...
California's Health Care Future

OSHPD

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Healthcare Information Resource Center

Internet and Personal Computer Diskette Documentation

The Annual Utilization Report of Primary Care Clinics

For Calendar Year

1999

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS – 1999

TABLE OF CONTENTS

GENERAL INFORMATION

The Office of Statewide Health Planning and Development (OSHPD) annually produces this data file which contains 472 elements of utilization data from the *Annual Utilization Report of Primary Care Clinics*. The data file includes utilization information from reports filed by California's licensed primary care clinics. OSHPD staff review each report for correctness and completeness. OSHPD contacts clinic staff when data reported appear incomplete or do not conform to established edits. If necessary, corrections are made to the data in consultation with the clinic staff. Once the review process for all reports has been completed, the database is closed and made available to the public. The data file contains data from the 1999 calendar year: January 1, 1999 – December 31, 1999.

Data file Format, and Importing Into Spreadsheet or Database Software

This documentation includes descriptions of each data element (field). A blank copy of the report form -- *Annual Utilization Report of Primary Care Clinics* -- is also part of the documentation. Due to the large number of data items, the data are separated into two files. **File one** (clin99p1.txt) contains basic clinic identification information and the data items from the Utilization Report pages 0 through 6. **File two** (clin99p2.txt) contains the data items from report pages 7 through 10.

The files are in a comma-delimited text (TXT) format for use in spreadsheet and database applications. SAS and other statistics programs can also read the files. The first two rows are header rows containing field titles. The top row contains field names depicting the location of the data on the Utilization Report by Page, line and column numbers (e.g., P021901 where the total number of encounters in the clinic are inputted). The next row describes the field in abbreviated English. The inclusion of two header rows is useful, however users should use care when doing sorts that automatically include both header rows.

Most spreadsheet or database programs require that you import files through its import feature. It is suggested that you review your software's import features before you double-click the TXT files in this package. (Double-clicking a TXT file with Windows Explorer, for example, will only result in Wordpad or Notepad automatically opening the file. TXT files must be imported into your application). If you are having difficulties processing the TXT file format, please review the Readme.txt guide that is included in this package. If you continue to have problems, contact a technical representative at Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware that the OSHPD staff can only answer technical data questions. You must contact the software company's technical support service regarding operation of your software.

Numbers of Clinics and Fields

There are 715 clinics included in this data file. Each line (row) represents one clinic. There are 472 data fields that contain reported information from the clinics. Abortion data is deleted from the individual clinic abortion field and is provided only as an aggregated statewide total (row #717).

Changes of Data file from Prior Year

There wer only minor changes from the 1998 calendar year report. For 1999, three data items are no longer reported; they are:

Page, Line Column	Field Name	Description
1) P022101	VOL_TOTAL	Volunteers assisting in operations
2) P022501	CLIN_SVCS_SCH-SUP	Clinic, category assisting a school system (1=yes)
3) P022601	CLIN_SVCS_AGY-AGREE	Clinic, service agreement w/Agency (1=yes)

Documentation: Format

This documentation includes a section entitled, "Data file Specifications and Field Descriptions". The columns included in this sections are:

Sprdsht Column
Indicates the column in which the data item is located when the data file is imported into a spreadsheet. The columns are in alphabetical order.

Page, Line, & Column
This item represents the report page, line, and column in the Utilization Report of Clinics Form. This item is useful for those computer applications where titles are limited in character size.

Field Name and Field Description and Codes Definition
For easier reading, titles are also in abbreviated English field names. Detailed information applicable to codes used is also provided.

Field Types and Notes
In the Data file Specifications that follow, these data format representations are used:

Column------Indicates the column in which the data item is located if the file is imported into a spreadsheet.

Field Name -The title of each data item that can be used as database names or spreadsheet titles. With some computer applications, titles may be limited to 8 characters. Titles are in abbreviated English field names or represent the report page, line, and column (as in the Utilization Report Form) of the data item.

Field Type ---Indicates if field is TEXT, NUMERIC or CODED, as noted   below:

T	Alphanumeric	Alphabetic and/or numeric data, left justified, and space filled
N	Numeric	Only numeric values, no punctuation, right justified, and left space filled
SN	Signed Numeric	Only numeric values, no punctuation, right justified, and left space filled (leading hyphen for negative sign)
C	Coded	Data are coded directly from the inhouse Licensing File System (LFS) and are text.

Data File Specifications and Fields Descriptions

This section contains the data file specifications and description of the data fields. Information for each field includes:

1. The Spreadsheet Column reference
2. The Page, Line, Column number from the Report form
3. The field name in abbreviated terminology
4. A brief description of the field
5. The field type (text, numeric, coded)

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 1999
Data File Specifications and Field Descriptions Information

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
A	FACNO	FAC_NO	OSHPD Facility Number (9 digits)	Coded
B	COUNTY	COUNTY	County Number (See Appendix A)	Coded/Text
C	PERMID	PERM_ID	OSHPD Permanent ID Number (5 digit number, OSHPD processes)	Coded
D	LICTYPE	LIC_TYPE	LFS License Type: 1 = Community Clinic 2 = Free Clinic	Coded
E	LICDATE	LIC_DATE	LFS First Licensed Date (CCYYMMDD)	Coded
F	LSTAT	LIC_STATUS_CODE	Status of clinics license: C=closed; S=suspense; [blank]=routine operation	Coded
G	LSTATDT	LIC_STATUS_DATE	Date of status of clinic license (CCYYMMDD)	Coded
H	OSTAT	RE-OPEN_CLIN_STATUS	Re-opened clin. & lic. code O=re-opened after suspense or closure	Coded
I	OSTATDT	RE-OPEN_CLIN_STATUS_DATE	Date clinic re-opened after suspense or closure	Coded
J	DBAName	FAC_NAME	Facility Name DBA (on12/31)	Coded
K	DBAAddr	ADDRESS	Address (DBA)	Coded
L	DBACity	CITY	City (DBA)	Coded
M	DBAZip	ZIP_CODE	Zip Code (DBA)	Coded
N	MLAttn	MAIL_ATTN	Attention (Mailing Address)	Coded
O	MLAddr	MAIL_ADD	Address (Mailing Address)	Coded
P	MLCity	MAIL_CITY	City (Mailing Address)	Coded
Q	MLState	MAIL_STATE	State (Mailing Address)	Coded
R	MLZIP	MAIL_ZIP	Zip Code (Mailing Address)	Coded
S	HSA	HSA	Health Service Area Codes: 01-14	Coded/Text
T	HFPA	HFPA	Health Facility Planning Area 0101-1424	Coded/Text
U	COMPSTAT	COMP_STATUS	**LFS combined licensing code, open, & status:** This is a maximum three character text code that combines information from the LFS First Licensed Date, the LFS Status Code and Date, and the Open Status Code and Date: **Codes** **Computed Status Code** C Closed during current calendar year K K Consolidated during current calendar year NO New (licensed this calendar year), Operating in 12/31 NS New(licensed this calendar year), in Suspense on 12/31 NC New(licensed this calendar year), in Suspense on 12/31 NSM New (licensed this calendar year), in Suspense during the year, operating on 12/31 OA Operating all year SA In suspense all year SB In suspense on January 1, Operating on December 31 SE Operating on January 1, in Suspense on December 31 SM Operating on 1/1 & 12/31, in Suspense for a period during the year SBE In suspense on 1/1 & 12/31, Operating for a period during the year	Coded

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes

V	P000103	RPT_STATUS	**Report Status is two digit numeric code noting status of the utiliz. report**
			Codes Status Code
			01 License in suspense all year; no report required
			02 License in suspense, data reported
			03 License in suspense, non-responder
			04 Clinic closed, data reported
			05 Clinic closed, non-responder
			06 Licensed, but not in operation
			07 Clinic open, data reported
			08 Clinic open, non responder
			09 Clinic open, partial year data reported (change of ownership)
			10 Clinic open, report a combination of data from 2 (or more) owners
			11 Closed, data unavailable
			12 New; first licensed in 1998, data reported
			13 New; first licensed in 1998, non-responder
			14 Clinic open, operating on 1/1 & 12/31, in suspense for a period during
			                  year, data reported
			15 Clinic open, operating on 1/1/ & 12/31, in suspense for a period during
			                  year, non-responder
				Coded

W	PHONE	PHONE	Phone Number	Numeric
X	P020101	BEG_DATE	Dates of Operation: From (CCYYMMDD)	Numeric
Y	P020102	END_DATE	Dates of Operation: Through (CCYYMMDD)	Numeric
Z	P021901	PT_TOT	Total number of Patients (unduplicated)	Numeric
AA	P021902	GRAND_TOT_ENCNTR	Grand total, Encounters of patient and provider	Numeric
AB	P022001	PT_FMWRKR-BASED	Patients who are Farmworkers or Dependents of fmwrkrs	Numeric
AC	P022002	ENCNTR_FMWRKR-BASED	Encounters of Farmworkers and/or Dependents	Numeric
AD	P022201	CLIN_CATEG_95-210	Clinic, category 95-210 (1=yes)	Coded
AE	P022301	CLIN_CATEG_FQHC	Clinic, category FQHC (1=yes)	Coded
AF	P022401	CLIN_CATEG_FQHC-LOOK	Clinic, category FQHC "LOOK ALIKE" (1=yes)	Coded
AG	P030201	EQUIP_DIAGN_2_VALUE	Diagnostic/Therapeutic Equip, 2, value	Coded
AH	P030202	EQUIP_DIAGN_2_OSHPD_NO	Diagnostic/Therapeutic Equip, 2, OSHPD project number	Coded
AI	P030204	EQUIP_DIAGN_2_ACQUI_MEANS	Diagnostic/Therapeutic Equip, 2, means of acquisition	Coded
AJ	P032101	TOTAL CAP_EXPEN_1_VALUE	Capital expenditure, 1, value	Coded
AK	P032102	TOTAL CAP_1_OSHPD_NO	Capital expenditure, 1, OSHPD number	Coded
AL	P032201	TOTAL CAP_EXPEN_2_VALUE	Capital expenditure, 2, value	Coded
AM	P032202	TOTAL CAP_2_OSHPD_NO	Capital expenditure, 2, OSHPD number	Coded
AN	P032301	PHYSN_FTE	Physicians, fulltime equivalent	Numeric
AO	P032401	PHYSN_ASST_FTE	Physician Assistants, fulltime equivalent	Numeric
AP	P032501	NUR_FAM_PRACT_FTE	Family Nurse Practitioners, fulltime equivalent	Numeric
AQ	P032601	MIDWIV_FTE	Certified Nurse Midwives, fulltime equivalent	Numeric
AR	P032701	NUR_HH-VISIT_FTE	Home Health Nurses or Visiting Nurses, fulltime equivalent	Numeric
AS	P032801	DENTIST_FTE	Dentists, fulltime equivalent	Numeric
AT	P040101	GEN_MED_DR_>=20	General Med, Encounter by Physician Provdr, 20 years and over	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
AU	P040102	GEN_MED_MID_>=20	General Med, Encounter by Mid-level Provdr, 20 years and over	Numeric
AV	P040103	GEN_MED_OTH_>=20	General Med, Encounter by Other Provdr, 20 years and over	Numeric
AW	P040201	GEN_MED_DR_13-19	General Med, Encounter by Physician Provdr, 13 - 19 years	Numeric
AX	P040202	GEN_MED_MID_13-19	General Med, Encounter by Mid-level Provdr, 13 - 19 years	Numeric
AY	P040203	GEN_MED_OTH_13-19	General Med, Encounter by Other Provdr, 13 - 19 years	Numeric
AZ	P040301	GEN_MED_DR_0-12	General Med, Encounter by Physician Provdr, 0 - 12 years	Numeric
BA	P040302	GEN_MED_MID_0-12	General Med, Encounter by Mid-level Provdr, 0 - 12 years	Numeric
BB	P040303	GEN_MED_OTH_0-12	General Med, Encounter by Other Provdr, 0 - 12 years	Numeric
BC	P040401	PERINATAL_PREVENT_DR_>=20	Perinatal, Prevent Encounter by Physician Provdr, 20 years and over	Numeric
BD	P040402	PERINATAL_PREVENT_MID_>=20	Perinatal, Prevent Encounter by Mid-level Provdr, 20 years and over	Numeric
BE	P040403	PERINATAL_PREVENT_OTH_>=20	Perinatal, Prevent Encounter by Other Provdr, 20 years and over	Numeric
BF	P040404	PERINATAL_PREVENT_DENT_>=20	Perinatal, Prevent Encounter by Dental Provdr, 20 years and over	Numeric
BG	P040501	PUBL_HLTH_DR_>=20	Public Hlth, Prevent Encounter by Physician Provdr, 20 years and over	Numeric
BH	P040502	PUBL_HLTH_MID_>=20	Public Hlth, Prevent Encounter by Mid-level Provdr, 20 years and over	Numeric
BI	P040503	PUBL_HLTH_OTH_>=20	Public Hlth, Prevent Encounter by Other Provdr, 20 years and over	Numeric
BJ	P040504	PUBL_HLTH_DENT_>=20	Public Hlth, Prevent Encounter by Dental Provdr, 20 years and over	Numeric
BK	P040601	OTH_PREVENT_DR_>=20	Other Prevent Encounter by Physician Provdr, 20 years and over	Numeric
BL	P040602	OTH_PREVENT_MID_>=20	Other Prevent Encounter by Mid-level Provdr, 20 years and over	Numeric
BM	P040603	OTH_PREVENT_OTH_>=20	Other Prevent Encounter by Other Provdr, 20 years and over	Numeric
BN	P040604	OTH_PREVENT_DENT_>=20	Other Prevent Encounter by Dental Provdr, 20 years and over	Numeric
BO	P040701	PERINATAL_PREVENT_DR_13-19	Perinatal, Prevent Encounter by Physician Provdr, 13 - 19 years	Numeric
BP	P040702	PERINATAL_PREVENT_MID_13-19	Perinatal, Prevent Encounter by Mid-level Provdr, 13 - 19 years	Numeric
BQ	P040703	PERINATAL_PREVENT_OTH_13-19	Perinatal, Prevent Encounter by Other Provdr, 13 - 19 years	Numeric
BR	P040704	PERINATAL_PREVENT_DENT_13-19	Perinatal, Prevent Encounter by Dental Provdr, 13 - 19 years	Numeric
BS	P040801	PUBL_HLTH_DR_13-19	Public Hlth, Prevent Encounter by Physician Provdr, 13 - 19 years	Numeric
BT	P040802	PUBL_HLTH_MID_13-19	Public Hlth, Prevent Encounter by Mid-level Provdr, 13 - 19 years	Numeric
BU	P040803	PUBL_HLTH_OTH_13-19	Public Hlth, Prevent Encounter by Other Provdr, 13 - 19 years	Numeric
BV	P040804	PUBL_HLTH_DENT_13-19	Public Hlth, Prevent Encounter by Dental Provdr, 13 - 19 years	Numeric
BW	P040901	OTH_PREVENT_DR_13-19	Other Prevent Encounter by Physician Provdr, 13 - 19 years	Numeric
BX	P040902	OTH_PREVENT_MID_13-19	Other Prevent Encounter by Mid-level Provdr, 13 - 19 years	Numeric
BY	P040903	OTH_PREVENT_OTH_13-19	Other Prevent Encounter by Other Provdr, 13 - 19 years	Numeric
BZ	P040904	OTH_PREVENT_DENT_13-19	Other Prevent Encounter by Dental Provdr, 13 - 19 years	Numeric
CA	P041001	PERINATAL_PREVENT_DR_0-12	Perinatal, Prevent Encounter by Physician Provdr, 0 - 12 years	Numeric
CB	P041002	PERINATAL_PREVENT_MID_0-12	Perinatal, Prevent Encounter by Mid-level Provdr, 0 - 12 years	Numeric
CC	P041003	PERINATAL_PREVENT_OTH_0-12	Perinatal, Prevent Encounter by Other Provdr, 0 - 12 years	Numeric
CD	P041004	PERINATAL_PREVENT_DENT_0-12	Perinatal, Prevent Encounter by Dental Provdr, 0 - 12 years	Numeric
CE	P041101	PUBL_HLTH_DR_0-12	Public Hlth, Prevent Encounter by Physician Provdr, 0 - 12 years	Numeric
CF	P041102	PUBL_HLTH_MID_0-12	Public Hlth, Prevent Encounter by Mid-level Provdr, 0 - 12 years	Numeric
CG	P041103	PUBL_HLTH_OTH_0-12	Public Hlth, Prevent Encounter by Other Provdr, 0 - 12 years	Numeric
CH	P041104	PUBL_HLTH_DENT_0-12	Public Hlth, Prevent Encounter by Dental Provdr, 0 - 12 years	Numeric
CI	P041201	OTH_PREVENT_DR_0-12	Other Prevent Encounter by Physician Provdr, 0 - 12 years	Numeric
CJ	P041202	OTH_PREVENT_MID_0-12	Other Prevent Encounter by Mid-level Provdr, 0 - 12 years	Numeric
CK	P041203	OTH_PREVENT_OTH_0-12	Other Prevent Encounter by Other Provdr, 0 - 12 years	Numeric
CL	P041204	OTH_PREVENT_DENT_0-12	Other Prevent Encounter by Dental Provdr, 0 - 12 years	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
CM	P041301	FAM_PLN_DR_>=20	Family Plan (incl vasect) Encounter by Physician Provdr, 20 years and over	Numeric
CN	P041302	FAM_PLN_MID_>=20	Family Plan (incl vasect) Encounter by Mid-level Provdr, 20 years and over	Numeric
CO	P041303	FAM_PLN_OTH_>=20	Family Plan (incl vasect) Encounter by Other Provdr, 20 years and over	Numeric
CP	P041401	FAM_PLN_DR_13-19	Family Plan (incl vasect) Encounter by Physician Provdr, 13 - 19 years	Numeric
CQ	P041402	FAM_PLN_MID_13-19	Family Plan (incl vasect) Encounter by Mid-level Provdr, 13 - 19 years	Numeric
CR	P041403	FAM_PLN_OTH_13-19	Family Plan (incl vasect) Encounter by Other Provdr, 13 - 19 years	Numeric
CS	P041501	FAM_PLN_DR_0-12	Family Plan (incl vasect) Encounter by Physician Provdr, 0 - 12 years	Numeric
CT	P041502	FAM_PLN_MID_0-12	Family Plan (incl vasect) Encounter by Mid-level Provdr, 0 - 12 years	Numeric
CU	P041503	FAM_PLN_OTH_0-12	Family Plan (incl vasect) Encounter by Other Provdr, 0 - 12 years	Numeric
CV	P041601	ABORT_DR_>=20	Abortions Encounter by Physician Provdr, 20 years and over	Numeric
CW	P041602	ABORT_MID_>=20	Abortions Encounter by Mid-level Provdr, 20 years and over	Numeric
CX	P041603	ABORT_OTH_>=20	Abortions Encounter by Other Provdr, 20 years and over	Numeric
CY	P041701	ABORT_DR_13-19	Abortions Encounter by Physician Provdr, 13 - 19 years	Numeric
CZ	P041702	ABORT_MID_13-19	Abortions Encounter by Mid-level Provdr, 13 - 19 years	Numeric
DA	P041703	ABORT_OTH_13-19	Abortions Encounter by Other Provdr, 13 - 19 years	Numeric
DB	P041801	ABORT_DR_0-12	Abortions Encounter by Physician Provdr, 0 - 12 years	Numeric
DC	P041802	ABORT_MID_0-12	Abortions Encounter by Mid-level Provdr, 0 - 12 years	Numeric
DD	P041803	ABORT_OTH_0-12	Abortions Encounter by Other Provdr, 0 - 12 years	Numeric
DE	P041901	STD-NO_HIV_DR_>=20	Sexually Transm Dis (Excl. HIV) Encounter by Physician Provdr, 20 years and over	Numeric
DF	P041902	STD-NO_HIV_MID_>=20	Sexually Transm Dis (Excl. HIV) Encounter by Mid-level Provdr, 20 years and over	Numeric
DG	P041903	STD-NO_HIV_OTH_>=20	Sexually Transm Dis (Excl. HIV) Encounter by Other Provdr, 20 years and over	Numeric
DH	P042001	STD-NO_HIV_DR_13-19	Sexually Transm Dis (Excl. HIV) Encounter by Physician Provdr, 13 - 19 years	Numeric
DI	P042002	STD-NO_HIV_MID_13-19	Sexually Transm Dis (Excl. HIV) Encounter by Mid-level Provdr, 13 - 19 years	Numeric
DJ	P042003	STD-NO_HIV_OTH_13-19	Sexually Transm Dis (Excl. HIV) Encounter by Other Provdr, 13 - 19 years	Numeric
DK	P042101	STD-NO_HIV_DR_0-12	Sexually Transm Dis (Excl. HIV) Encounter by Physician Provdr, 0 - 12 years	Numeric
DL	P042102	STD-NO_HIV_MID_0-12	Sexually Transm Dis (Excl. HIV) Encounter by Mid-level Provdr, 0 - 12 years	Numeric
DM	P042103	STD-NO_HIV_OTH_0-12	Sexually Transm Dis (Excl. HIV) Encounter by Other Provdr, 0 - 12 years	Numeric
DN	P046001	SUB_TOT-A_ENCNTR_DR_1	Encounter by Physician Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCNTR_DR)	Numeric
DO	P046002	SUB_TOT-A_ENCNTR_MID_1	Encounter by Mid-level Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCNTR_MID)	Numeric
DP	P046003	SUB_TOT-A_ENCNTR_OTH_1	Encounter by Other Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCNTR_OTH)	Numeric
DQ	P046004	SUB_TOT-A_ENCNTR_DENT_1	Encounter by Dental Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCNTR_DENT)	Numeric
DR	P052201	PRENATAL_DR_>=20	Prenatal Encounter by Physician Provdr, Total 20 years and over	Numeric
DS	P052202	PRENATAL_MID_>=20	Prenatal Encounter by Mid-level Provdr, Total 20 years and over	Numeric
DT	P052203	PRENATAL_OTH_>=20	Prenatal Encounter by Other Provdr, Total 20 years and over	Numeric
DU	P052204	PRENATAL_DENT_>=20	Prenatal Encounter by Dental, Total 20 years and over	Numeric
DV	P052301	BIRTHS_ DR TOT_>=20	Live Births Encounter by Physician Provdr, Total 20 years and over	Numeric
DW	P052302	BIRTHS_ MID TOT_>=20	Live Births Encounter by Mid-level Provdr, Total 20 years and over	Numeric
DX	P052303	BIRTHS_ OTH TOT_>=20	Live Births Encounter by Other Provdr, Total 20 years and over	Numeric
DY	P052401	BIRTHS_1.5-2.5KG_ DR _>=20	Live Births w/weight 1500-2500 grams Encounter by Physician Provdr 20 years and over	Numeric
DZ	P052402	BIRTHS_1.5-2.5KG_ MID _>=20	Live Births w/weight 1500-2500 grams Encounter by Mid-level Provdr 20 years and over	Numeric
EA	P052403	BIRTHS_1.5-2.5KG_ OTH _>=20	Live Births w/weight 1500-2500 grams Encounter by Other Provdr 20 years and over	Numeric
EB	P052501	BIRTHS_<1.5KG_ DR _>=20	Live Births w/weight under 1500 grams Encounter by Physician Provdr 20 years and over	Numeric
EC	P052502	BIRTHS_<1.5KG_ MID _>=20	Live Births w/weight under 1500 grams Encounter by Mid-level Provdr 20 years and over	Numeric
ED	P052503	BIRTHS_<1.5KG_ OTH _>=20	Live Births w/weight under 1500 grams Encounter by Other Provdr 20 years and over	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
EE	P052601	PRENATAL_DR_13-19	Prenatal Encounter by Physician Provdr, 13 - 19 years	Numeric
EF	P052602	PRENATAL_MID_13-19	Prenatal Encounter by Mid-level Provdr, 13 - 19 years	Numeric
EG	P052603	PRENATAL_OTH_13-19	Prenatal Encounter by Other Provdr, 13 - 19 years	Numeric
EH	P052604	PRENATAL_DENT_13-19	Prenatal Encounter by Dental Provdr, 13 - 19 years	Numeric
EI	P052701	BIRTHS_ DR TOT_13-19	Live Births Encounter by Physician Provdr, Total 13 - 19 years	Numeric
EJ	P052702	BIRTHS_ MID TOT_13-19	Live Births Encounter by Mid-level Provdr, Total 13 - 19 years	Numeric
EK	P052703	BIRTHS_ OTH TOT_13-19	Live Births Encounter by Other Provdr, Total 13 - 19 years	Numeric
EL	P052801	BIRTHS_1.5-2.5KG_ DR _13-19	Live Births w/weight 1500-2500 grams Encounter by Physician Provdr , 13 - 19 years	Numeric
EM	P052802	BIRTHS_1.5-2.5KG_ MID _13-19	Live Births w/weight 1500-2500 grams Encounter by Mid-level Provdr , 13 - 19 years	Numeric
EN	P052803	BIRTHS_1.5-2.5KG_ OTH _13-19	Live Births w/weight 1500-2500 grams Encounter by Other Provdr , 13 - 19 years	Numeric
EO	P052901	BIRTHS_<1.5KG_ DR _13-19	Live Births w/weight under 1500 grams Encounter by Physician Provdr , 13 - 19 years	Numeric
EP	P052902	BIRTHS_<1.5KG_ MID _13-19	Live Births w/weight under 1500 grams Encounter by Mid-level Provdr , 13 - 19 years	Numeric
EQ	P052903	BIRTHS_<1.5KG_ OTH _13-19	Live Births w/weight under 1500 grams Encounter by Other Provdr , 13 - 19 years	Numeric
ER	P053001	PRENATAL_DR_0-12	Prenatal Encounter by Physician Provdr, 0 - 12 years	Numeric
ES	P053002	PRENATAL_MID_0-12	Prenatal Encounter by Mid-level Provdr, 0 - 12 years	Numeric
ET	P053003	PRENATAL_OTH_0-12	Prenatal Encounter by Other Provdr, 0 - 12 years	Numeric
EU	P053004	PRENATAL_DENT_0-12	Prenatal Encounter by Dental Provdr, 0 - 12 years	Numeric
EV	P053101	BIRTHS_ DR TOT_0-12	Live Births Encounter by Physician Provdr, Total 0 - 12 years	Numeric
EW	P053102	BIRTHS_ MID TOT_0-12	Live Births Encounter by Mid-level Provdr, Total 0 - 12 years	Numeric
EX	P053103	BIRTHS_ OTH TOT_0-12	Live Births Encounter by Other Provdr, Total 0 - 12 years	Numeric
EY	P053201	BIRTHS_1.5-2.5KG_ DR _0-12	Live Births w/weight 1500-2500 grams Encounter by Physician Provdr , 0 - 12 years	Numeric
EZ	P053202	BIRTHS_1.5-2.5KG_ MID _0-12	Live Births w/weight 1500-2500 grams Encounter by Mid-level Provdr , 0 - 12 years	Numeric
FA	P053203	BIRTHS_1.5-2.5KG_ OTH _0-12	Live Births w/weight 1500-2500 grams Encounter by Other Provdr , 0 - 12 years	Numeric
FB	P053301	BIRTHS_<1.5KG_ DR _0-12	Live Births w/weight under 1500 grams Encounter by Physician Provdr , 0 - 12 years	Numeric
FC	P053302	BIRTHS_<1.5KG_ MID _0-12	Live Births w/weight under 1500 grams Encounter by Mid-level Provdr , 0 - 12 years	Numeric
FD	P053303	BIRTHS_<1.5KG_ OTH _0-12	Live Births w/weight under 1500 grams Encounter by Other Provdr , 0 - 12 years	Numeric
FE	P053401	HIV-TEST_DR_>=20	HIV-test Encounter by Physician Provdr, 20 years and over	Numeric
FF	P053402	HIV-TEST_MID_>=20	HIV-test Encounter by Mid-level Provdr, 20 years and over	Numeric
FG	P053403	HIV-TEST_OTH_>=20	HIV-test Encounter by Other Provdr, 20 years and over	Numeric
FH	P053501	HIV-CNSL_DR_>=20	HIV-Counsel Encounter by Physician Provdr, 20 years and over	Numeric
FI	P053502	HIV-CNSL_MID_>=20	HIV-Counsel Encounter by Mid-level Provdr, 20 years and over	Numeric
FJ	P053503	HIV-CNSL_OTH_>=20	HIV-Counsel Encounter by Other Provdr, 20 years and over	Numeric
FK	P053601	HIV-TEST_DR_13-19	HIV-test Encounter by Physician Provdr, 13 - 19 years	Numeric
FL	P053602	HIV-TEST_MID_13-19	HIV-test Encounter by Mid-level Provdr, 13 - 19 years	Numeric
FM	P053603	HIV-TEST_OTH_13-19	HIV-test Encounter by Other Provdr, 13 - 19 years	Numeric
FN	P053701	HIV-CNSL_DR_13-19	HIV-Counsel Encounter by Physician Provdr, 13 - 19 years	Numeric
FO	P053702	HIV-CNSL_MID_13-19	HIV-Counsel Encounter by Mid-level Provdr, 13 - 19 years	Numeric
FP	P053703	HIV-CNSL_OTH_13-19	HIV-Counsel Encounter by Other Provdr, 13 - 19 years	Numeric
FQ	P053801	HIV-TEST_DR_0-12	HIV-test Encounter by Physician Provdr, 0 - 12 years	Numeric
FR	P053802	HIV-TEST_MID_0-12	HIV-test Encounter by Mid-level Provdr, 0 - 12 years	Numeric
FS	P053803	HIV-TEST_OTH_0-12	HIV-test Encounter by Other Provdr, 0 - 12 years	Numeric
FT	P053901	HIV-CNSL_DR_0-12	HIV-Counsel Encounter by Physician Provdr, 0 - 12 years	Numeric
FU	P053902	HIV-CNSL_MID_0-12	HIV-Counsel Encounter by Mid-level Provdr, 0 - 12 years	Numeric
FV	P053903	HIV-CNSL_OTH_0-12	HIV-Counsel Encounter by Other Provdr, 0 - 12 years	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
FW	P054001	SUBS-ABU_DR_>=20	Subs Abuse Encounter by Physician Provdr, 20 years and over	Numeric
FX	P054002	SUBS-ABU_MID_>=20	Subs Abuse Encounter by Mid-level Provdr, 20 years and over	Numeric
FY	P054003	SUBS-ABU_OTH_>=20	Subs Abuse Encounter by Other Provdr, 20 years and over	Numeric
FZ	P054101	SUBS-ABU_DR_13-19	Subs Abuse Encounter by Physician Provdr, 13 - 19 years	Numeric
GA	P054102	SUBS-ABU_MID_13-19	Subs Abuse Encounter by Mid-level Provdr, 13 - 19 years	Numeric
GB	P054103	SUBS-ABU_OTH_13-19	Subs Abuse Encounter by Other Provdr, 13 - 19 years	Numeric
GC	P054201	SUBS-ABU_DR_0-12	Subs Abuse Encounter by Physician Provdr, 0 - 12 years	Numeric
GD	P054202	SUBS-ABU_MID_0-12	Subs Abuse Encounter by Mid-level Provdr, 0 - 12 years	Numeric
GE	P054203	SUBS-ABU_OTH_0-12	Subs Abuse Encounter by Other Provdr, 0 - 12 years	Numeric
GF	P055901	SUB_TOT-B_ENCNTR_DR_1	Encounter by Physician Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNTR_DR)	Numeric
GG	P055902	SUB_TOT-B_ENCNTR_MID_1	Encounter by Mid-level Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNTR_MID)	Numeric
GH	P055903	SUB_TOT-B_ENCNTR_OTH_1	Encounter by Other Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNTR_OTH)	Numeric
GI	P055904	SUB_TOT-B_ENCNTR_DENT_1	Encounter by Dental Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNTR_DENT)	Numeric
GJ	P064301	TOBAC_EDUC_DR_>=20	Tobacco Educ Encounter by Physician Provdr, 20 years and over	Numeric
GK	P064302	TOBAC_EDUC_MID_>=20	Tobacco Educ Encounter by Mid-level Provdr, 20 years and over	Numeric
GL	P064303	TOBAC_EDUC_OTH_>=20	Tobacco Educ Encounter by Other Provdr, 20 years and over	Numeric
GM	P064401	TOBAC_EDUC_DR_13-19	Tobacco Educ Encounter by Physician Provdr, 13 - 19 years	Numeric
GN	P064402	TOBAC_EDUC_MID_13-19	Tobacco Educ Encounter by Mid-level Provdr, 13 - 19 years	Numeric
GO	P064403	TOBAC_EDUC_OTH_13-19	Tobacco Educ Encounter by Other Provdr, 13 - 19 years	Numeric
GP	P064501	TOBAC_EDUC_DR_0-12	Tobacco Educ Encounter by Physician Provdr, 0 - 12 years	Numeric
GQ	P064502	TOBAC_EDUC_MID_0-12	Tobacco Educ Encounter by Mid-level Provdr, 0 - 12 years	Numeric
GR	P064503	TOBAC_EDUC_OTH_0-12	Tobacco Educ Encounter by Other Provdr, 0 - 12 years	Numeric
GS	P064604	DENT_DR_>=20	Dental Encounter by Physician Provdr 20 years and over	Numeric
GT	P064704	DENT_DR_13-19	Dental Encounter by Physician Provdr 13 - 19 years	Numeric
GU	P064804	DENT_DR_0-12	Dental Encounter by Physician Provdr 0 - 12 years	Numeric
GV	P064901	REHAB_OT-PT_DR_>=20	Rehab (OT, PT) Encounter by Physician Provdr, 20 years and over	Numeric
GW	P064902	REHAB_OT-PT_MID_>=20	Rehab (OT, PT) Encounter by Mid-level Provdr, 20 years and over	Numeric
GX	P064903	REHAB_OT-PT_OTH_>=20	Rehab (OT, PT) Encounter by Other Provdr, 20 years and over	Numeric
GY	P065001	REHAB_OT-PT_DR_13-19	Rehab (OT, PT) Encounter by Physician Provdr, 13 - 19 years	Numeric
GZ	P065002	REHAB_OT-PT_MID_13-19	Rehab (OT, PT) Encounter by Mid-level Provdr, 13 - 19 years	Numeric
HA	P065003	REHAB_OT-PT_OTH_13-19	Rehab (OT, PT) Encounter by Other Provdr, 13 - 19 years	Numeric
HB	P065101	REHAB_OT-PT_DR_0-12	Rehab (OT, PT) Encounter by Physician Provdr, 0 - 12 years	Numeric
HC	P065102	REHAB_OT-PT_MID_0-12	Rehab (OT, PT) Encounter by Mid-level Provdr, 0 - 12 years	Numeric
HD	P065103	REHAB_OT-PT_OTH_0-12	Rehab (OT, PT) Encounter by Other Provdr, 0 - 12 years	Numeric
HE	P065201	MENTAL-HLTH_DR_>=20	Mental Health Encounter by Physician Provdr, 20 years and over	Numeric
HF	P065202	MENTAL-HLTH_MID_>=20	Mental Health Encounter by Mid-level Provdr, 20 years and over	Numeric
HG	P065203	MENTAL-HLTH_OTH_>=20	Mental Health Encounter by Other Provdr, 20 years and over	Numeric
HH	P065301	MENTAL-HLTH_DR_13-19	Mental Health Encounter by Physician Provdr, 13 - 19 years	Numeric
HI	P065302	MENTAL-HLTH_MID_13-19	Mental Health Encounter by Mid-level Provdr, 13 - 19 years	Numeric
HJ	P065303	MENTAL-HLTH_OTH_13-19	Mental Health Encounter by Other Provdr, 13 - 19 years	Numeric
HK	P065401	MENTAL-HLTH_DR_0-12	Mental Health Encounter by Physician Provdr, 0 - 12 years	Numeric
HL	P065402	MENTAL-HLTH_MID_0-12	Mental Health Encounter by Mid-level Provdr, 0 - 12 years	Numeric
HM	P065403	MENTAL-HLTH_OTH_0-12	Mental Health Encounter by Other Provdr, 0 - 12 years	Numeric
HN	P065501	OTH_HLTH_SVC_DR_>=20	Other Health svcs Encounter by Physician Provdr, 20 years and over	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
HO	P065502	OTH_HLTH_SVC_MID_>=20	Other Health svcs Encounter by Mid-level Provdr, 20 years and over	Numeric
HP	P065503	OTH_HLTH_SVC_OTH_>=20	Other Health svcs Encounter by Other Provdr, 20 years and over	Numeric
HQ	P065601	OTH_HLTH_SVC_DR_13-19	Other Health svcs Encounter by Physician Provdr, 13 - 19 years	Numeric
HR	P065602	OTH_HLTH_SVC_MID_13-19	Other Health svcs Encounter by Mid-level Provdr, 13 - 19 years	Numeric
HS	P065603	OTH_HLTH_SVC_OTH_13-19	Other Health svcs Encounter by Other Provdr, 13 - 19 years	Numeric
HT	P065701	OTH_HLTH_SVC_DR_0-12	Other Health svcs Encounter by Physician Provdr, 0 - 12 years	Numeric
HU	P065702	OTH_HLTH_SVC_MID_0-12	Other Health svcs Encounter by Mid-level Provdr, 0 - 12 years	Numeric
HV	P065703	OTH_HLTH_SVC_OTH_0-12	Other Health svcs Encounter by Other Provdr, 0 - 12 years	Numeric
HW	P065801	SUB_TOT-C_ENCNTR_DR_1	Encounter by Physician Provdr., subtotal C (added to grand total see: TOT_A-B-C_ENCNTR_DR)	Numeric
HX	P065802	SUB_TOT-C_ENCNTR_MID_1	Encounter by Mid-level Provdr., subtotal C (added to grand total see: TOT_A-B-C_ENCNTR_MID)	Numeric
HY	P065803	SUB_TOT-C_ENCNTR_OTH_1	Encounter by Other Provdr, subtotal C (added to grand total: TOT_A-B-C_ENCNTR_OTH)	Numeric
HZ	P065804	SUB_TOT-C_ENCNTR_DENT_1	Encounter by Dental Provdr., subtotal C (added to grand total see: TOT_A-B-C_ENCNTR_DENT)	Numeric
IA	P065901	SUB_TOT-B_ENCNTR_DR_2	Encounter by Physician Provdr., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNTR_DR)	Numeric
IB	P065902	SUB_TOT-B_ENCNTR_MID_2	Encounter by Mid-level Provdr., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNTR_MID)	Numeric
IC	P065903	SUB_TOT-B_ENCNTR_OTH_2	Encounter by Other Provdr., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNTR_OTH)	Numeric
ID	P065904	SUB_TOT-B_ENCNTR_DENT_2	Encounter by Dental Provdr., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNTR_DENT)	Numeric
IE	P066001	SUB_TOT-A_ENCNTR_DR_2	Encounter by Physician Provdr., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNTR_DR)	Numeric
IF	P066002	SUB_TOT-A_ENCNTR_MID_2	Encounter by Mid-level Provdr., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNTR_MID)	Numeric
IG	P066003	SUB_TOT-A_ENCNTR_OTH_2	Encounter by Other Provdr., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNTR_OTH)	Numeric
IH	P066004	SUB_TOT-A_ENCNTR_DENT_2	Encounter by Dental Provdr., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNTR_DENT)	Numeric
II	P066101	TOT_A-B-C_ENCNTR_DR	Encounter by Physician Provdr., Grand Total of subtotals A,B, and C	Numeric
IJ	P066102	TOT_A-B-C_ENCNTR_MID	Encounter by Mid-level Provdr., Grand Total of subtotals A,B, and C	Numeric
IK	P066103	TOT_A-B-C_ENCNTR_OTH	Encounter by Other Provdr, Grand Total of subtotals A,B, and C	Numeric
IL	P066104	TOT_A-B-C_ENCNTR_DENT	Encounter by Dental Provdr., Grand Total of subtotals A,B, and C	Numeric
A	FACID	FAC_NO2	OSHPD Facility Number (9 digits & repeat of Field 1)	Coded
B	P070101	MCARE_PT_PAY	Patients, Medicare, Payer	Numeric
C	P070102	MCARE_ENCNTR_PAY	Encounters, Medicare, Payer	Numeric
D	P070103	MCARE_FULL_CHG_PAY	Patient Charges (100% rate), Medicare, Payer	Numeric
E	P070104	MCARE_COLL_PAY	Collections, Medicare, Payer	Numeric
F	P070105	MCARE_WRITE_OFF_PAY	Write-offs/Adjustments, Medicare, Payer	Numeric
G	P070106	MCARE_SLID_SCALE_PAY	Sliding Fee Scale Adj., Medicare, Payer	Numeric
H	P070107	MCARE_FREE_COMP_PAY	Free/Complimentary, Medicare, Payer	Numeric
I	P070108	MCARE_C_ADJ_PAY	Contractual Adjustments, Medicare, Payer	Numeric
J	P070109	MCARE_BAD_DEBT_PAY	Bad Debt, Medicare, Payer	Numeric
K	P070201	MCAL_PT_PAY	Patients, Medi-Cal, Payer	Numeric
L	P070202	MCAL_ENCNTR_PAY	Encounters, Medi-Cal, Payer	Numeric
M	P070203	MCAL_FULL_CHG_PAY	Patient Charges (100% rate), Medi-Cal, Payer	Numeric
N	P070204	MCAL_COLL_PAY	Collections, Medi-Cal, Payer	Numeric
O	P070205	MCAL_WRITE_OFF_PAY	Write-offs/Adjustments, Medi-Cal, Payer	Numeric
P	P070206	MCAL_SLID_SCALE_PAY	Sliding Fee Scale Adj., Medi-Cal, Payer	Numeric
Q	P070207	MCAL_FREE_COMP_PAY	Free/Complimentary, Medi-Cal, Payer	Numeric
R	P070208	MCAL_C_ADJ_PAY	Contractual Adjustments, Medi-Cal, Payer	Numeric
S	P070209	MCAL_BAD_DEBT_PAY	Bad Debt, Medi-Cal, Payer	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
T	P070301	SLIAG_PT_PAY	Patients, State Legalization Impact Assist., (SLIAG), Payer	Numeric
U	P070302	SLIAG_ENCNTR_PAY	Encounters, State Legalization Impact Assist., (SLIAG), Payer	Numeric
V	P070303	SLIAG_FULL_CHG_PAY	Patient Charges (100% rate), State Legalization Impact Assist., (SLIAG), Payer	Numeric
W	P070304	SLIAG_COLL_PAY	Collections, State Legalization Impact Assist., (SLIAG), Payer	Numeric
X	P070305	SLIAG_WRITE_OFF_PAY	Write-offs/Adjustments, State Legalization Impact Assist., (SLIAG), Payer	Numeric
Y	P070306	SLIAG_SLID_SCALE_PAY	Sliding Fee Scale Adj., State Legalization Impact Assist., (SLIAG), Payer	Numeric
Z	P070307	SLIAG_FREE_COMP_PAY	Free/Complimentary, State Legalization Impact Assist., (SLIAG), Payer	Numeric
AA	P070308	SLIAG_C_ADJ_PAY	Contractual Adjustments, State Legalization Impact Assist., (SLIAG), Payer	Numeric
AB	P070309	SLIAG_BAD_DEBT_PAY	Bad Debt, State Legalization Impact Assist., (SLIAG), Payer	Numeric
AC	P070401	CHDP_PT_PAY	Patients, Child Hlth. Disab Treat., Payer	Numeric
AD	P070402	CHDP_ENCNTR_PAY	Encounters, Child Hlth. Disab Treat., Payer	Numeric
AE	P070403	CHDP_FULL_CHG_PAY	Patient Charges (100% rate), Child Hlth. Disab Treat., Payer	Numeric
AF	P070404	CHDP_COLL_PAY	Collections, Child Hlth. Disab Treat., Payer	Numeric
AG	P070405	CHDP_WRITE_OFF_PAY	Write-offs/Adjustments, Child Hlth. Disab Treat., Payer	Numeric
AH	P070406	CHDP_SLID_SCALE_PAY	Sliding Fee Scale Adj., Child Hlth. Disab Treat., Payer	Numeric
AI	P070407	CHDP_FREE_COMP_PAY	Free/Complimentary, Child Hlth. Disab Treat., Payer	Numeric
AJ	P070408	CHDP_C_ADJ_PAY	Contractual Adjustments, Child Hlth. Disab Treat., Payer	Numeric
AK	P070409	CHDP_BAD_DEBT_PAY	Bad Debt, Child Hlth. Disab Treat., Payer	Numeric
AL	P070501	MISP_PT_PAY	Patients, Med Indig. Adult Svc., Payer	Numeric
AM	P070502	MISP_ENCNTR_PAY	Encounters, Med Indig. Adult Svc., Payer	Numeric
AN	P070503	MISP_FULL_CHG_PAY	Patient Charges (100% rate), Med Indig. Adult Svc., Payer	Numeric
AO	P070504	MISP_COLL_PAY	Collections, Med Indig. Adult Svc., Payer	Numeric
AP	P070505	MISP_WRITE_OFF_PAY	Write-offs/Adjustments, Med Indig. Adult Svc., Payer	Numeric
AQ	P070506	MISP_SLID_SCALE_PAY	Sliding Fee Scale Adj., Med Indig. Adult Svc., Payer	Numeric
AR	P070507	MISP_FREE_COMP_PAY	Free/Complimentary, Med Indig. Adult Svc., Payer	Numeric
AS	P070508	MISP_C_ADJ_PAY	Contractual Adjustments, Med Indig. Adult Svc., Payer	Numeric
AT	P070509	MISP_BAD_DEBT_PAY	Bad Debt, Med Indig. Adult Svc., Payer	Numeric
AU	P070601	CMSP_PT_PAY	Patients, Co. Med Svcs, Payer	Numeric
AV	P070602	CMSP_ENCNTR_PAY	Encounters, Co. Med Svcs, Payer	Numeric
AW	P070603	CMSP_FULL_CHG_PAY	Patient Charges (100% rate), Co. Med Svcs, Payer	Numeric
AX	P070604	CMSP_COLL_PAY	Collections, Co. Med Svcs, Payer	Numeric
AY	P070605	CMSP_WRITE_OFF_PAY	Write-offs/Adjustments, Co. Med Svcs, Payer	Numeric
AZ	P070606	CMSP_SLID_SCALE_PAY	Sliding Fee Scale Adj., Co. Med Svcs, Payer	Numeric
BA	P070607	CMSP_FREE_COMP_PAY	Free/Complimentary, Co. Med Svcs, Payer	Numeric
BB	P070608	CMSP_C_ADJ_PAY	Contractual Adjustments, Co. Med Svcs, Payer	Numeric
BC	P070609	CMSP_BAD_DEBT_PAY	Bad Debt, Co. Med Svcs, Payer	Numeric
BD	P070701	EAPC_PT_PAY	Patients, Expanded Acc. Prim Care, Payer	Numeric
BE	P070702	EAPC_ENCNTR_PAY	Encounters, Expanded Acc. Prim Care, Payer	Numeric
BF	P070703	EAPC_FULL_CHG_PAY	Patient Charges (100% rate), Expanded Acc. Prim Care, Payer	Numeric
BG	P070704	EAPC_COLL_PAY	Collections, Expanded Acc. Prim Care, Payer	Numeric
BH	P070705	EAPC_WRITE_OFF_PAY	Write-offs/Adjustments, Expanded Acc. Prim Care, Payer	Numeric
BI	P070706	EAPC_SLID_SCALE_PAY	Siding Fee Scale Adj., Expanded Acc. Prim Care, Payer	Numeric
BJ	P070707	EAPC_FREE_COMP_PAY	Free/Complimentary, Expanded Acc. Prim Care, Payer	Numeric
BK	P070708	EAPC_C_ADJ_PAY	Contractual Adjustments, Expanded Acc. Prim Care, Payer	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
BL	P070709	EAPC_BAD_DEBT_PAY	Bad Debt, Expanded Acc. Prim Care, Payer	Numeric
BM	P070801	OTH_CO_PROG _PT_PAY	Patients, Other County, Payer	Numeric
BN	P070802	OTH_CO_PROG_ENCNTR_PAY	Encounters, Other County, Payer	Numeric
BO	P070803	OTH_CO_PROG_FULL_CHG_PAY	Patient Charges (100% rate), Other County, Payer	Numeric
BP	P070804	OTH_CO_PROG_COLL_PAY	Collections, Other County, Payer	Numeric
BQ	P070805	OTH_CO_PROG_WRITE_OFF_PAY	Write-offs/Adjustments, Other County, Payer	Numeric
BR	P070806	OTH_CO_PROG_SLID_SCALE_PAY	Sliding Fee Scale Adj., Other County, Payer	Numeric
BS	P070807	OTH_CO_PROG_FREE_COMP_PAY	Free/Complimentary, Other County, Payer	Numeric
BT	P070808	OTH_CO_PROG_C_ADJ_PAY	Contractual Adjustments, Other County, Payer	Numeric
BU	P070809	OTH_CO_PROG_BAD_DEBT_PAY	Bad Debt, Other County, Payer	Numeric
BV	P070901	OTH_ST_PROG_PT_PAY	Patients, Other State, Payer	Numeric
BW	P070902	OTH_ST_PROG_ENCNTR_PAY	Encounters, Other State, Payer	Numeric
BX	P070903	OTH_ST_PROG_FULL_CHG_PAY	Patient Charges (100% rate), Other State, Payer	Numeric
BY	P070904	OTH_ST_PROG_COLL_PAY	Collections, Other State, Payer	Numeric
BZ	P070905	OTH_ST_PROG_WRITE_OFF_PAY	Write-offs/Adjustments, Other State, Payer	Numeric
CA	P070906	OTH_ST_PROG_SLID_SCALE_PAY	Sliding Fee Scale Adj., Other State, Payer	Numeric
CB	P070907	OTH_ST_PROG_FREE_COMP_PAY	Free/Complimentary, Other State, Payer	Numeric
CC	P070908	OTH_ST_PROG_C_ADJ_PAY	Contractual Adjustments, Other State, Payer	Numeric
CD	P070909	OTH_ST_PROG_BAD_DEBT_PAY	Bad Debt, Other State, Payer	Numeric
CE	P071001	PVT_INS_PT_PAY	Patients, Private Insurance, Payer	Numeric
CF	P071002	PVT_INS_ENCNTR_PAY	Encounters, Private Insurance, Payer	Numeric
CG	P071003	PVT_INS_FULL_CHG_PAY	Patient Charges (100% rate), Private Insurance, Payer	Numeric
CH	P071004	PVT_INS_COLL_PAY	Collections, Private Insurance, Payer	Numeric
CI	P071005	PVT_INS_WRITE_OFF_PAY	Write-offs/Adjustments, Private Insurance, Payer	Numeric
CJ	P071006	PVT_INS_SLID_SCALE_PAY	Sliding Fee Scale Adj., Private Insurance, Payer	Numeric
CK	P071007	PVT_INS_FREE_COMP_PAY	Free/Complimentary, Private Insurance, Payer	Numeric
CL	P071008	PVT_INS_C_ADJ_PAY	Contractual Adjustments, Private Insurance, Payer	Numeric
CM	P071009	PVT_INS_BAD_DEBT_PAY	Bad Debt, Private Insurance, Payer	Numeric
CN	P071101	SELF-PAY_PT_PAY	Patients, Self-pay, Payer	Numeric
CO	P071102	SELF-PAY_ENCNTR_PAY	Encounters, Self-pay, Payer	Numeric
CP	P071103	SELF-PAY_FULL_CHG_PAY	Patient Charges (100% rate), Self-pay, Payer	Numeric
CQ	P071104	SELF-PAY_COLL_PAY	Collections, Self-pay, Payer	Numeric
CR	P071105	SELF-PAY_WRITE_OFF_PAY	Write-offs/Adjustments, Self-pay, Payer	Numeric
CS	P071106	SELF-PAY_SLID_SCALE_PAY	Sliding Fee Scale Adj., Self-pay, Payer	Numeric
CT	P071107	SELF-PAY_FREE_COMP_PAY	Free/Complimentary, Self-pay, Payer	Numeric
CU	P071109	SELF-PAY_BAD_DEBT_PAY	Bad Debt, Self-pay, Payer	Numeric
CV	P071201	NON-PAY_PT_PAY	Patients, Non-pay, Payer	Numeric
CW	P071202	NON-PAY_ENCNTR_PAY	Encounters, Non-pay, Payer	Numeric
CX	P071203	NON-PAY_FULL_CHG_PAY	Patient Charges (100% rate), Non-pay, Payer	Numeric
CY	P071205	NON-PAY_WRITE_OFF_PAY	Write-offs/Adjustments, Non-pay, Payer	Numeric
CZ	P071207	NON-PAY_FREE_COMP_PAY	Free/Complimentary, Non-pay, Payer	Numeric
DA	P071401	OTH_PAYER_PT_PAY	Patients, Other Payer	Numeric
DB	P071402	OTH_PAYER_ENCNTR_PAY	Encounters, Other Payer	Numeric
DC	P071403	OTH_PAYER_FULL_CHG_PAY	Patient Charges (100% rate), Other Payer	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
DD	P071404	OTH_PAYER_COLL_PAY	Collections, Other Payer	Numeric
DE	P071405	OTH_PAYER_WRITE_OFF_PAY	Write-offs/Adjustments, Other Payer	Numeric
DF	P071406	OTH_PAYER_SLID_SCALE_PAY	Sliding Fee Scale Adj., Other Payer	Numeric
DG	P071407	OTH_PAYER_FREE_COMP_PAY	Free/Complimentary, Other Payer	Numeric
DH	P071408	OTH_PAYER_C_ADJ_PAY	Contractual Adjustments, Other Payer	Numeric
DI	P071409	OTH_PAYER_BAD_DEBT_PAY	Bad Debt, Other Payer	Numeric
DJ	P071501	PT_TOT_PAY	Patients, All Payers, Total	Numeric
DK	P071502	ENCNTR_TOT_PAY	Encounters, All Payers, Total	Numeric
DL	P071503	FULL_CHG_TOT_PAY	Patient Charges (100% rate), All Payers, Total	Numeric
DM	P071504	COLL_TOT_PAY	Collections, All Payers, Total	Numeric
DN	P071505	WRITE_OFF_TOT_PAY	Write-offs/Adjustments, All Payers, Total	Numeric
DO	P071506	SLID_SCALE_TOT_PAY	Sliding Fee Scale Adj., All Payers, Total	Numeric
DP	P071507	FREE_COMP_TOT_PAY	Free/Complimentary, All Payers, Total	Numeric
DQ	P071508	C_ADJ_TOT_PAY	Contractual Adjustments, All Payers, Total	Numeric
DR	P071509	BAD_DEBT_TOT_PAY	Bad Debt, All Payers, Total	Numeric
DS	P080101	EXP_SAL	Salaries, expense	Numeric
DT	P080201	EXP_SUPP_OFC	Supplies-Office, expense	Numeric
DU	P080301	EXP_SUPP_MED-DENT	Supplies-Medical/Dental, expense	Numeric
DV	P080401	EXP_RENT_DEPRC	Rent/Mortgage, deprec. Interest, expense	Numeric
DW	P080501	EXP_UTIL	Utilities, expense	Numeric
DX	P080601	EXP_OTH	Other, expense	Numeric
DY	P080701	EXP_TOT	Total Expenses (Operating Costs)	Numeric
DZ	P081003	NET_PT_RV_TOT	Net Patient Revenue, Total	Numeric
EA	P081201	NETRV_FED-CON	Net Rev, Contract, Federal source	Numeric
EB	P081202	NETRV_FED-GNT	Net Rev, Grant, Federal source	Numeric
EC	P081203	NETRV_FED_TOT	Net Rev, Total Federal Contract/Grant	Numeric
ED	P081301	NETRV_ST-CON	Net Rev, Contract, State source	Numeric
EE	P081302	NETRV_ST-GNT	Net Rev, Grant, State source	Numeric
EF	P081303	NETRV_ST-GNT_TOT	Net Rev, Total State Contract/Grant	Numeric
EG	P081401	NETRV_CO-CON	Net Rev, Contract, County source	Numeric
EH	P081402	NETRV_CO-GNT	Net Rev, Grant, County source	Numeric
EI	P081403	NETRV_CO-GNT_TOT	Net Rev, Total County Contract/Grant	Numeric
EJ	P081501	NETRV_LOC-CON	Net Rev, Grant, Local source	Numeric
EK	P081502	NETRV_LOC-GNT	Net Rev, Total Local Contract/Grant	Numeric
EL	P081503	NETRV_LOC-GNT_TOT	Net Rev, Total Private/Other Contract/Grant	Numeric
EM	P081601	NETRV_OTH-CON	Net Rev, Contract, Other source	Numeric
EN	P081602	NETRV_OTH-GNT	Net Rev, Grant, Other source	Numeric
EO	P081603	NETRV_OTH-GNT_TOT	Net Rev, Total Other Contract/Grant	Numeric
EP	P081703	NETRV_HMO_TOT	Net Rev, Total HMO	Numeric
EQ	P081803	DONAT_CONTR_TOT	Total Donations/Contributions	Numeric
ER	P081903	OP_REV_GRAND_TOT	Total Operating Revenue	Numeric
ES	P082003	EXP_TOT	Operating Expenses	Numeric
ET	P082103	NET_FRM_OP	Net from Operations	Numeric
EU	P090101	SVC_OUTREACH	Outreach svcs. provided, number contacts	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
EV	P090201	SVC_COMM_EDUC	Community Education svcs. provided, number contacts	Numeric
EW	P090301	SVC_SOC_SVC	Social Services svcs. provided, number contacts	Numeric
EX	P090401	SVC_SUBS_ABU	Substance Abuse svcs. provided, number contacts	Numeric
EY	P090501	SVC_VOC_TRN	Vocational Training/Placement svcs. provided, number contacts	Numeric
EZ	P090601	SVC_DISAS_RELF	Disaster Relief svcs. provided, number contacts	Numeric
FA	P090701	SVC_CHLD_CARE	Child Care svcs. provided, number contacts	Numeric
FB	P090801	SVC_LEGAL	Legal svcs. provided, number contacts	Numeric
FC	P090901	SVC_ENVIR_HLTH	Environmental Health svcs. provided, number contacts	Numeric
FD	P091001	SVC_TRANSPORT	Transportation svcs. provided, number contacts	Numeric
FE	P091101	SVC_COMM_NUTR	Community Nutrition svcs. provided, number contacts	Numeric
FF	P091201	SVC_ADULT_DAY	Adult Day Care svcs. provided, number contacts	Numeric
FG	P091301	SVC_HOMELESS	Homeless svcs. provided, number contacts	Numeric
FH	P091401	SVC_OTH	Other svcs. provided, number contacts	Numeric
FI	P091501	BILINGUAL_SVC	Bilingual/multilingual services provided (1=yes)	Coded
FJ	P091601	ARMEN_LANG_STF	Armenian spoken by staff	Numeric
FK	P091701	ARAB_LANG_STF	Arabic spoken by staff	Numeric
FL	P091801	CANTON_LANG_STF	Chinese (Cantonese) spoken by staff	Numeric
FM	P091901	MANDAR_LANG_STF	Chinese (Mandarin) spoken by staff	Numeric
FN	P092001	FR_LANG_STF	French spoken by staff	Numeric
FO	P092101	GER_LANG_STF	German spoken by staff	Numeric
FP	P092201	HINDU_LANG_STF	Hindustani spoken by staff	Numeric
FQ	P092301	JAPAN_LANG_STF	Japanese spoken by staff	Numeric
FR	P092401	KOREA_LANG_STF	Korean spoken by staff	Numeric
FS	P092501	PORTUG_LANG_STF	Portuguese spoken by staff	Numeric
FT	P092601	PUNJA_LANG_STF	Punjabi spoken by staff	Numeric
FU	P092701	SIGN_LANG_STF	Sign Language spoken by staff	Numeric
FV	P092801	SPAN_LANG_STF	Spanish spoken by staff	Numeric
FW	P092901	TAGALOG_LANG_STF	Tagalog spoken by staff	Numeric
FX	P093001	VIETN_LANG_STF	Vietnamese spoken by staff	Numeric
FY	P093101	OTH_LANG_STF	Other languages spoken by staff	Numeric
FZ	P094101	ENG_NOT_PRIM_PT_%	English Not Primary Language (% Patients)	Numeric
GA	P094201	LANG_IF_ENG_NOT_PRIM	Primary Spoken Language, if not English	Numeric
GB	P100301	DISEASE_COMMUNIC_RPTD	Reportable Communicable Diseases, number	Numeric
GC	P100401	IMMUNIZATIONS	Immunizations, number	Numeric
GD	P100501	ASSESSMENTS	Assements, number	Numeric
GE	P100601	CHDP_MED_TREAT	Child Hlth & Dis Preven Medical svc - Treatments	Numeric
GF	P100701	CHDP_MED_REF	Child Hlth & Dis Preven Medical svc - Referrals	Numeric
GG	P100801	CHDP_MED_FOLL	Child Hlth & Dis Preven Medical svc - Follow-ups	Numeric
GH	P100901	CHDP_DENT_TREAT	Child Hlth & Dis Preven Dental svc - Treatments	Numeric
GI	P101001	CHDP_DENT_REF	Child Hlth & Dis Preven Dental svc - Referrals	Numeric
GJ	P101101	CHDP_DENT_FOLL	Child Hlth & Dis Preven Dental svc - Follow-ups	Numeric
GK	P101201	CHDP_OTH_TREAT	Child Hlth & Dis Preven Other svc - Treatments	Numeric
GL	P101301	CHDP_OTH_REF	Child Hlth & Dis Preven Other svc - Referrals	Numeric
GM	P101401	CHDP_OTH_FOLL	Child Hlth & Dis Preven Other svc - Follow-ups	Numeric

Sprdsht Columns	Page, Line, & Column No.	Field Name	Field Description and Codes Definition	Field Type and Notes
GN	P101501	ASIAN_PT	Asian patient, number	Numeric
GO	P101601	BLACK_PT	Black patient, number	Numeric
GP	P101701	WHITE_PT	White patient, number	Numeric
GQ	P101801	HISPANIC_PT	Hispanic patient, number	Numeric
GR	P101901	FILIPINO_PT	Filipino patient, number	Numeric
GS	P102001	NATIVE AMERICAN_PT	Native American patient, number	Numeric
GT	P102101	PACIFIC ISLANDER_PT	Pacific Islander patient, number	Numeric
GU	P102201	PT_RACE_UNREPT	Unreported or unknown race/ethnicity of patient, number	Numeric
GV	P102301	TOT_PT	Total patient, number	Numeric
GW	P102401	M_<1_YR	Male, Under 1 year	Numeric
GX	P102402	F_<1_YR	Female, Under 1 year	Numeric
GY	P102501	M_1-4_YR	Male, 1-4 years	Numeric
GZ	P102502	F_1-4_YR	Female, 1-4 years	Numeric
HA	P102601	M_5-12_YR	Male, 5-12 years	Numeric
HB	P102602	F_5-12_YR	Female, 5-12 years	Numeric
HC	P102701	M_13-19_YR	Male, 13 - 19 years	Numeric
HD	P102702	F_13-19_YR	Female, 13 - 19 years	Numeric
HE	P102801	M_20-34_YR	Male, 20-34 years	Numeric
HF	P102802	F_20-34_YR	Female, 20-34 years	Numeric
HG	P102901	M_35-44_YR	Male, 35-44 years	Numeric
HH	P102902	F_35-44_YR	Female, 35-44 years	Numeric
HI	P103001	M_45-64_YR	Male, 45-64 years	Numeric
HJ	P103002	F_45-64_YR	Female, 45-64 years	Numeric
HK	P103101	M_>=65_YR	Male, 65 years & older	Numeric
HL	P103102	F_>=65_YR	Female, 65 years & older	Numeric
HM	P103201	TOT_M	Male, total	Numeric
HN	P103202	TOT_F	Female, total	Numeric
HO	P103401	POV_<100%	Poverty level below 100%, patient	Numeric
HP	P103501	POV_100-200%	Poverty level 100-200%, patient	Numeric
HQ	P103601	POV_>200%	Poverty level over 200%, patient	Numeric
HR	P103701	TOT_POV_PT	Poverty level, patients	Numeric

APPENDIX A

Counties Of California

APPENDIX A

COUNTIES OF CALIFORNIA

CODE NUMBERS AND NAMES

#	COUNTY Name	#	COUNTY Name	#	COUNTY Name
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine	21	Marin	41	San Mateo
03	Amador	22	Mariposa	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa	25	Modoc	45	Shasta
07	Contra Costa	26	Mono	46	Sierra
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas	52	Tehama
14	Inyo	33	Riverside	53	Trinity
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

APPENDIX B

Annual Utilization Report of Primary Care Clinics – 1999

(blank reporting form

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 1999

Licensed Community and Free Clinics

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┌─────────────────────────────────────┐
│                                       │
│           STATE USE ONLY              │
│          Page 0, Line 1               │
│                                       │
│                         Col. 3        │
│       STATUS        _____             │
│                                       │
└─────────────────────────────────────┘
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Return **BY FEBRUARY 15, 2000** to:
Office of Statewide Health Planning
   and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Rm. 400
Sacramento, CA 95814

Completion of this "Annual Utilization Report of Primary Care Clinics" is required by Sections 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15, may result in suspension of the clinic's license.

Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact the Office at (916) 322-7422 or (916) 323-7685.

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility and the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with it contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

_____
Administrator's Name (Please Print)

_____
Name of person completing form and /or contact person for any follow-up questions (Please Print)

_____
Administrator's Signature

_____
Print Title and Department of Person Responsible for the Report

_____
Date

(_____) _____
Area Code   Phone   Ext.

3. (_____) _____
   Area Code   Facility Phone Number

(_____) _____
Area Code   FAX Number

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS **Enter Nine Digit I.D.** |__|__|__|__|__|__|__|__|__|

A.   **DATES OF OPERATION**
Enter the dates the clinic was in operation in 1999.

<div style="text-align:center">Col. 1   Col. 2</div>

1.   FROM | | | | Month Day Year   THROUGH | | | | Month Day Year

B.   PATIENTS AND ENCOUNTERS IN THE CALENDAR YEAR

Please report the total number of individual, non-duplicated patients served and the total number of encounters for these patients. Please refer to the INSTRUCTIONS for further detail.

	PATIENTS Col. 1	ENCOUNTERS Col. 2
TOTAL, all locations under this license (Main, Mobile, Satellite, etc.) 19		

Please report the total number of patients and encounters (included above) for Seasonal Agricultural and Migratory Workers.

	PATIENTS Col. 1	ENCOUNTERS Col. 2
TOTAL, Seasonal Agricultural and Migratory Workers and their Dependents 20		

Enter a 1 if your clinic is a 95-210 clinic .... 22_____

Enter a 1 if your clinic is a Federally Qualified Health Center (FQHC) .... 23_____

Enter a 1 if your clinic is a FQHC "look-alike" .... 24_____

MAJOR CAPITAL EXPENDITURES

The collection of this data is mandated by Section 127285(a) of the Health and Safety Code, in order to track the effects of CON deregulation since 1987.

List each acquisition of diagnostic or therapeutic equipment over **$500,000** in Table A below.

Table A DIAGNOSTIC/THERAPEUTIC EQUIPMENT ACQUIRED

Line	Market Value Col. 1	OSHPD PROJECT NUMBER Col. 2	Date of Acquisition Col. 3	MEANS OF ACQUISITION 1 = Purchase 2 = Lease 3 = Donation 4 = Other Col. 4
1				
2				
3				
4				

List the building project(s) your facility commenced during the calendar year in Table B below. List those which require an aggregate capital expenditure of over **$1,000,000**.

Table B PROJECTS OVER $1,000,000 COMMENCED DURING THE CALENDAR YEAR

Line	Projected Total Capital Expenditure Col. 1	OSHPD PROJECT NUMBER Col. 2
21		
22		

PRIMARY CARE PRACTITIONERS

Enter the number of full time equivalent *licensed or certified* Primary Care Practitioners providing care in the clinic in Table C below.

Table C LICENSED OR CERTIFIED PRIMARY CARE PRACTITIONERS

Line	Primary Care Practitioners	Number of FTEs
23	Physicians	
24	Physician Assistants	
25	Family Nurse Practitioners	
26	Certified Nurse Midwives	
27	Registered Nurses	
28	Dentists	

Table D: Service Delivery and Number of Encounters by Providers

Line	SERVICE TYPE	Number of Encounters by **Physician Providers** **Col. 1**	Number of Encounters by **Mid-Level Providers** **Col. 2**	Number of Encounters by **Other Providers** **Col. 3**	Number of Encounters by **Dental Providers** **Col. 4**
	A. General Medical Services				
1	Adults (Age 20+)				
2	Adolescents (Age 13-19)				
3	Pediatrics (Age 0-12)				
	B. Preventive Adult Health Services (Age 20+)	■	■	■	■
4	Perinatal Services				
5	Public Health Services				
6	All Other Preventive Services				
	C. Preventive Adolescent Health Services (Age 13-19)	■	■	■	■
7	Perinatal Services				
8	Public Health Services				
9	All Other Preventive Services				
	D. Preventive Pediatric Health Services (Age 0-12)	■	■	■	■
10	Perinatal Services				
11	Public Health Services				
12	All Other Preventive Services				
	E. Family Planning Services (Including vasectomies)	■	■	■	
13	Adults (Age 20+)				
14	Adolescents (Age 13-19)				
15	Pediatrics (Age 0-12)				
	F. Abortions	■	■	■	
16	Adults (Age 20+)				
17	Adolescents (Age 13-19)				
18	Pediatrics (Age 0-12)				
	G. Sexually Transmitted Diseases (Excluding HIV)	■	■	■	
19	Adults (Age 20+)				
20	Adolescents (Age 13-19)				
21	Pediatrics (Age 0-12)				
60*	**TOTAL PAGE 4** (Sum of lines 1-21)*				

*All Column totals _must equal_ Page 6, Line 60.

Table D: Service Delivery and Number of Encounters by Providers (Cont.)

Line	SERVICE TYPE	Number of Encounters by **Physician Providers** Col. 1	Number of Encounters by **Mid-Level Providers** Col. 2	Number of Encounters by **Other Providers** Col. 3	Number of Encounters by **Dental Providers** Col. 4
	H. Maternity Care/Delivery Services - Adult (Age 20+)				
22	Prenatal				
23	Total Live Births				
24	Live Births 1500 - 2500 grams (Included in line 23)				
25	Live Births less than 1500 grams (Included in Line 23)				
	I. Maternity Care/Delivery Services - Adolescent (Age 13-19)	■	■	■	
26	Prenatal				
27	Total Live Births				
28	Live Births 1500 - 2500 grams (Included in line 27)				
29	Live Births less than 1500 grams (Included in line 27)				
	J. Maternity Care/Delivery Services - Pediatrics (Age 0-12)	■	■	■	
30	Prenatal				
31	Total Live Births				
32	Live Births 1500 - 2500 grams (Included in line 31)				
33	Live Births less than 1500 grams (Included in line 31)				
	K. HIV Services - Adult (Age 20+)	■	■	■	■
34	Testing				
35	Counseling				
	L. HIV Services - Adolescent (Age 13-19)	■	■	■	■
36	Testing				
37	Counseling				
	M. HIV Services - Pediatrics (Age 0-12)	■	■	■	■
38	Testing				
39	Counseling				
	N. Substance Abuse (alcohol and drug)	■	■	■	■
40	Adults (Age 20+)				
41	Adolescents (Age 13-19)				
42	Pediatrics (Age 0-12)				
59*	**TOTAL PAGE 5** (Sum of lines 22, 23, 26, 27, 30, 31, and 34-42)*				

*All Column totals *must equal* Page 6, Line 59

Table D: Service Delivery and Number of Encounters by Providers (Cont.)

Line	SERVICE TYPE	Number of Encounters by **Physician Providers** Col. 1	Number of Encounters by **Mid-Level Providers** Col. 2	Number of Encounters by **Other Providers** Col. 3	Number of Encounters by **Dental Providers** Col. 4
	O.　Tobacco Cessation and Education				
43	Adults (Age 20+)				
44	Adolescents (Age 13-19)				
45	Pediatrics (Age 0-12)				
	P.　Dental Services	■	■	■	
46	Adults (Age 20+)	■	■	■	
47	Adolescents (Age 13-19)	■	■	■	
48	Pediatrics (Age 0-12)	■	■	■	
	Q.　Rehabilitation Services (Occupational or physical therapy, speech therapy, related medical, home health)	■	■	■	
49	Adults (Age 20+)				
50	Adolescents (Age 13-19)				
51	Pediatrics (Age 0-12)				
	R.　Mental Health Services	■	■	■	
52	Adults (Age 20+)				
53	Adolescents (Age 13-19)				
54	Pediatrics (Age 0-12)				
	S.　Other Health Services***	■	■	■	
55	Adults (Age 20+)				
56	Adolescents (Age 13-19)				
57	Pediatrics (Age 0-12)				
58	**TOTAL PAGE 6** (Sum of lines 43-57)				
59	**TOTAL PAGE 5**				
60	**TOTAL PAGE 4**				
61	**GRAND TOTAL** (Pages 4, 5 & 6) @				

***   INCLUDES: but not limited to: Optometry, Chiropractic, Acupuncture, Audiology and Podiatrist

@ Page 6, Line 61 (all columns): encounters from all columns must equal Page 2, Line 19, Column 2

Table E - FINANCIAL & UTILIZATION DATA FOR CALENDAR YEAR
Please round to the nearest dollar, do not enter cents! Do not fill in shaded areas!

Line	Charges/Revenues By Payment Source	Number Of Patients COL. 1	Number of Encounters COL. 2	Charges: 100% Rate COL. 3	Net Revenues COL. 4	Write-offs/ Adjust- Ments COL. 5	Breakout of Write-offs/Adjustments (Col. 5)			
							Sliding Fee Scale Write-offs COL. 6	Free/ Comple- Mentary COL. 7	Contractual Adjustments COL. 8	Bad Debt COL. 9
1	Medicare									
2	Medi-Cal**									
3	SLIAG									
4	CHDP									
5	MISP									
6	CMSP									
7	EAPC									
8	Other County Programs									
9	Other State Programs (Excluding WIC)									
10	Private Insurance									
11	Patient Pay (Self Pay)								■	
12	Non-Pay (Free Patients)			■		■			■	■
13	■									■
14	All Other Payers									
15	Totals									

Report the following for each payment source for encounters taking place January through December of the reporting year only:

COL 1) Number of patients receiving services funded by the payment source listed.

COL 2) Number of encounters

COL 3) Amount clinic would normally charge at full rates for services provided during the reporting year only. Also report the value of free services provided by Free clinics in this column.

COL 4) Revenues collected and anticipated to be collected for the reporting year encounters only (COL 2). This does not include payments received for services provided in years prior to the reporting year. See "Aging of Accounts" below. There can be no negative numbers on this page.

COL 5) Total amount of write-offs and adjustments (sum of Columns 6-9) for services provided during the reporting year only

COL 6) Amount written off due to sliding-fee (income-determined) adjustments for services provided during the reporting year only. Eligibility determinations made by other programs, such as Medi-Cal, may be used to supplement the clinic's

sliding fee scale process if based on written policy of the clinic and approved by the clinic's governing board.

COL 7) Amount of free services provided during the reporting year. Free services are those provided at no cost to clients.

COL 8) Contractual Adjustment is the difference between the facility's 100% charge for a service or procedure and the lessor amount received because of a contractual agreement between the clinic and the Third Party Payer.

COL 9) Bad Debt is the amount not received when payment is expected. Bad debt includes unpaid sliding fee scale payments and patient co-payments.

COLUMN 3= SUM OF COLUMNS 4+5
COLUMN 5= SUM OF COLUMNS 6+7+8+9

**Medi-Cal includes 95-210

Aging of Accounts: For Columns 4,5,8, and 9 age medical receivables to estimate (from historical experience) the amounts attributable to each respective column.

FINANCIAL & UTILIZATION DATA FOR CALENDAR YEAR

COMPUTATION OF OPERATING COST

Table F: Annual Operating Costs (expenses) for the clinic.

Line	OPERATING COSTS	Column 1
1	Salaries, Wages & Benefits	
2	Supplies – Office	
3	Supplies – Medical & Dental	
4	Rent/Facility Depreciation and Mortgage Interest	
5	Utilities	
6	Other	
7	**TOTAL Operating Costs***	

*Enter this amount on Line 20, Column 3, below.

COMPUTATION OF NET OPERATING REVENUE
(Do not include capital contributions or capital grant projects)

Table G

Line	REVENUE SOURCES	CONTRACT Col. 1	GRANT Col. 2	TOTAL Col. 3
10	NET PATIENT REVENUE (use page 7, line 15, column 4)	███	███	
	A. INSTITUTIONAL SUPPORT OF PATIENT SERVICES	███	███	███
12	Federal			
13	State			
14	County			
15	Local (City or District)			
16	Private/Other			
17	HMO	███	███	
18	Donations/Contributions (Not for Capital)	███	███	
19	Total Operating Revenue	███	███	
20	Less: Operating Expenses	███	███	
21	NET FROM OPERATIONS	███	███	

Table H - Other Community Services Provided

Provide a contact count for the following services in Column 1.
Remember: a contact is not a patient or an encounter and may be duplicated.

Line		Number of Contacts Col. 1	Line		Number of Contacts Col. 1
1	Outreach		8	Legal	
2	Community Education		9	Environmental Health	
3	Social Services		10	Transportation	
4	Substance Abuse		11	Community Nutrition	
5	Vocational Training/Placement		12	Adult Day Care	
6	Disaster Relief		13	Homeless	
7	Child Care		14	Other, Specify:	

Enter the number 1 if your facility provides bilingual or multilingual services ………………………………… ……… 15_____

Table I - Languages Spoken By Clinic Staff (Other Than English)

Line		Col. 1	Line		Col. 1
16	Armenian		24	Korean	
17	Arabic		25	Portuguese	
18	Chinese (Cantonese)		26	Punjabi	
19	Chinese (Mandarin)		27	Sign Language	
20	French		28	Spanish	
21	German		29	Tagalog	
22	Hindustani		30	Vietnamese	
23	Japanese		31	Other, Specify:	

NOTE: Enter the number 1 on the appropriate line for each language spoken by clinic staff, other than English.

PATIENT PROFILE

PLEASE PROVIDE THE PERCENTAGE of your patient population that does not speak English
(Round to the nearest WHOLE percent)...41_____

From the languages in Table I, enter the line number of the primary language, spoken by your patient population..42_____

PLEASE READ INSTRUCTIONS!

TABLE L.

TABLE J.

ADDITIONAL SERVICE INFORMATION Line		NUMBER Col. 1
3	Reportable Communicable Diseases	
4	Immunizations	
5	**CHDP Assessments**	
	CHDTP Medical Services	
6	Treatments	
7	Referrals-Out	
8	Referrals-In	
	CHDTP Dental Services	
9	Treatments	
10	Referrals-Out	
11	Referrals-In	
	CHDTP Other Services	
12	Treatments	
13	Referrals-Out	
14	Referrals-In	

AGE CATEGORIES Line Unduplicated Patients		# of Males Col. 1	# of Females Col. 2
24	Under 1 year		
25	1-4 years		
26	5-12 years		
27	13-19 years		
28	20-34 years		
29	35-44 years		
30	45-64 years		
31	65 and over		
32	TOTAL @		

@Total from Col. 1 + Col. 2 must equal Page 2, Line 19, Col. 1

TABLE K.

RACE/ETHNICITY Line Unduplicated Patients		NUMBER OF PATIENTS Col. 1
15	Asian	
16	Black (not Hispanic or Latino)	
17	White (not Hispanic or Latino)	
18	Hispanic or Latino (all races)	
19	Filipino	
20	American Indian/Alaskan Native	
21	Pacific Islander	
22	Unreported/Unknown	
23	TOTAL @	

@Total must equal Page 2, Line 19, Col. 1

TABLE M.

Line	# AT POVERTY LEVEL* OF UNDUPLICATED PATIENTS	NUMBER OF PATIENTS Col. 1
34	Below 100%	
35	100 - 200%	
36	Above 200%	
37	TOTAL @	

*Based on yearly income
  @Total must equal Page 2, Line 19, Col. 1